

Gatwick IRC Cluster

Inspection report

Brook House
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Not inspected

Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced focused inspection of healthcare services provided by Practice Plus Group Health and Rehabilitation Services Limited (PPG) at Brook House Immigration Removal Centre to follow up on the Requirement Notice issued after our last inspection in June 2022. At the last inspection, we found the quality of healthcare provided by PPG at this location required improvement. We issued a Requirement Notice in relation to Regulation 18, Staffing.

The purpose of this focused inspection was to determine if the healthcare services provided by PPG were meeting the legal requirements and regulations of the Requirement Notice under Section 60 of the Health and Social Care Act 2008 and that patients were receiving safe care and treatment.

At this inspection we found the required improvements had been made and the provider was meeting the regulations.

We do not currently rate services provided in prisons and immigration removal centres. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

At this inspection we found:

- The service provided safe care. Staff assessed and managed risk well.
- The service was well led. Governance processes ensured the service operated effectively and that performance and risk were managed well.

However:

- Managers did not always ensure that the service had the required number of staff on each shift.
- Most staff were not up to date with immediate life support training (ILS).
- Managers did not regularly record completed clinical and managerial supervision.
- The mental health service did not provide any psychologically-informed treatment.

The areas where the provider SHOULD make improvements:

- Managers should ensure the required number of staff are available each day in line with the service Escalation and Business Continuity Plan 2023.
- Managers should ensure the required staff complete ILS training.
- Managers should ensure all clinical and managerial supervision is recorded.
- Managers should consider implementing a psychologically-informed care and treatment model within the mental health service.

Our inspection team

This inspection was carried out by two CQC health and justice inspectors.

How we carried out this inspection

Before this inspection we reviewed information that we held about the service including notifications and action plan updates.

During the inspection visit, the inspection team spoke with:

- Head of healthcare and the regional manager
- Twelve other staff members including clinical team leaders, the business manager, nurses, healthcare assistants and allied health professionals.

The inspection team also:

- Reviewed 3 patient care records.

We asked the provider to share a range of evidence with us. Documents we reviewed included:

- Service action plan
- Policies and local operating procedures
- Staffing, clinical and training data
- Governance meeting minutes
- Incident reports.

Background to Gatwick IRC Cluster

Background to Brook House Immigration Removal Centre

Brook House Immigration Removal Centre (IRC) opened in March 2009 and is a privately run IRC, managed by Serco. Brook House is a purpose-built IRC, located next to Gatwick airport and can hold up to approximately 450 detainees. It holds a mix of detainees, including a number who are regarded as too challenging or difficult to manage in less secure centres and those waiting to be removed from the UK on organised charter flights

Health services at Brook House IRC are commissioned by NHS England and Improvement. The contract for the provision of healthcare services is held by PPG. PPG is registered with CQC to provide the regulated activities of treatment of disease, disorder or injury, personal care, diagnostic and screening procedures and family planning.

Our previous comprehensive inspection was conducted jointly with HM Inspectorate of Prisons (HMIP) in May 2022 and published on the HMIP website on 23 September 2022.

Brook House Immigration Removal Centre ([justiceinspectorates.gov.uk](https://www.justiceinspectorates.gov.uk))

At the inspection, we found a breach of Regulation 18, Staffing.

Are services safe?

Safe staffing

The service did not always have enough nursing and support staff. Staff received basic training to keep people safe from avoidable harm.

At our last inspection we found there were significant staffing vacancies across most teams at Brook House. The vacancy rate was high at 51% and we considered the staffing situation to be fragile and services were clearly stretched.

At this inspection we found the vacancy rate had improved slightly to 49% and 4 new staff were going through the vetting procedure. PPG has made some key appointments to strengthen the service, including a mental health team lead, a paramedic and a psychologist who was going through the vetting procedure.

Between 1 August 2022 and 31 January 2023, the service continued to experience regular staff shortages including nurses and healthcare assistants. Although the service had regular bank and agency staff, not all shifts had been filled.

Since our last inspection the population at Brook House has changed. Between September 2022 and November 2022, Brook House received an increasing number of new detainees, peaking at 518 in October 2022. This significantly reduced to 250 in December 2022 and 194 in January 2023. The average number of detainees at Brook House in January 2023 was 173, staying approximately 33 days. This meant managers were able to use staff more flexibly due to the reduced number of detainees in the centre.

Although the service did not always have enough staff on each shift, the impact on service delivery and patient care was minimal. Staff told us the service did not feel unsafe.

Managers continued to take a proactive approach to successful recruitment but acknowledged that challenges remained, including the UK 5-year residency rule that must be satisfied. Nationally, recruitment was difficult and locally, 2 NHS trusts were competing to attract staff and offered enhanced staff benefits.

PPG had made some adjustments to staff benefits and were committed to introducing staff wellbeing benefits to aid recruitment and retention. Following successful trials in London, PPG were trialling 'geofencing' as a tool to recruitment (A process of using technology to send push notifications to potential staff in the locality). This initiative had commenced the week of our inspection.

Managers had weekly local recruitment calls, to maintain oversight of the current position in recruitment. Managers also produced weekly flash reports on staffing rotas, use of bank and agency staff, vacancies and budgets. In addition, managers had attended local recruitment fairs but with no success and at the time of inspection, there were no open applications for the primary care or mental health teams.

Mandatory training

Staff had completed and kept up to date with their mandatory training.

Since the last inspection, we found that staff had completed and kept up to date with their mandatory training with overall compliance at 90% as of 17 February 2023. However, only 32% of staff were up to date with immediate life support (ILS) training. Of the 23 staff eligible to be trained, only 9 staff were up to date as compliance had expired for 14 staff during February 2023. Managers told us PPG had experienced delays in accessing face-to-face training. However, staff were booked onto courses in early March and April 2023.

Are services safe?

Assessing and managing risk to patients and staff

Assessment of patient risk

Staff assessed and managed risks to patients well.

The service continued to deliver a timely and responsive assessment of detainees' needs and risks. All detainees received a healthcare screen on arrival at Brook House and this was followed up with a GP review within 24 hours.

Waiting times in primary care were short, with GP appointments available within 24 to 48 hours and nurse appointments were available the same or next day. Medicines administration continued to be prioritised and medicines reconciliation was regularly completed. Detainees had access to routine support for other medical needs such as triage, blood tests and smoking cessation. Staff rarely cancelled clinic appointments for detainees.

Between 1 August 2022 and 31 January 2023, the mental health team regularly had 1 mental health nurse on duty each day, rather than 2 nurses. When required, the mental health clinical team leader supported the service to ensure all required work was completed. Robust processes were in place to ensure effective triage, assessment and review of a detainee's mental health. The team also attended all Assessment, Care in Detention and Teamwork (ACDT) reviews. During this inspection we sampled several clinical records and found detainees received timely mental health assessments, risk assessments were in place and each detainee had a care plan. Detainees regularly received follow up appointments with a mental health nurse.

The mental health service did not provide any psychologically-informed treatment, however, it anticipated that the appointment of a psychologist would enhance the service offer to detainees. In addition, the provider was developing an integrated mental health and substance misuse service model, which would introduce appropriate psychological input and support staff in developing new ways of working. Basic training in trauma-informed care was available to staff online.

Are services well-led?

Governance

Governance processes operated effectively at team level and performance and risk were adequately managed. This improved patient safety and service delivery.

At the previous inspection we identified significant shortfalls in staffing across the health service.

At this inspection we found staffing remained a challenge across all teams and there was a reliance on a temporary workforce to maintain safe and responsive service delivery. Managers worked proactively to ensure enough staff were available each day, and when this could not be achieved, clinical team leaders worked clinically as part of the team.

We found the impact of staffing challenges across all teams on service delivery was minimal. Detainee care was safe, timely and met the needs of the population. PPG remain focused on recruitment and retention of staff at Brook House and alongside traditional methods of recruitment, PPG were committed to trying other innovations, such as geofencing.

Managers ensured staff received regular support through daily clinical handovers and integrated team meetings. Staff also had access to clinical and managerial supervision but the data we reviewed suggested that this was not routinely recorded. Except for ILS, staff were up to date with their mandatory training.

At this inspection, we found that systems, processes and procedures had improved and helped managers accurately assess, monitor and improve the safety and quality of the service. For example, despite the staffing challenges, staff completed clinical audits, well man reviews and held regular detainee engagement sessions. The service received few complaints, for example, just 18 during 2022.

The service had an established framework of regular governance meetings such as the partnership board, local delivery board and local senior manager and team leader meetings. This ensured oversight of service performance and risks from both a provider and partner agency perspective. Current key performance indicators suggest the service was performing adequately. The service risk register included risks related to recruitment, staff training and the uncertainty of the changing numbers of detainees.

Managers were candid in sharing how PPG had acknowledged the uniqueness of providing a healthcare service within an IRC and described how PPG were supporting developments to strengthen the service offer. For example, the deputy director of nursing for PPG was the organisation's lead on IRCs.

PPG demonstrated how they were thinking more widely as a provider about service provision and risk, for example, not just focusing on recruitment at individual locations. Managers were working across prisons and IRCs within the region to support and share good practice, ideas and lessons learnt, for example through regional primary care, mental health and pharmacy leads. This enabled leaders to better understand the challenges relating to healthcare within secure environments.

A national task force group had been established to develop care pathways specifically for IRCs. Although in its infancy, workstreams had been identified for mental health, primary care, governance, staffing and pharmacy. Managers we spoke with were positive about this development as they felt it would give IRCs a 'bigger voice' within PPG, and showed the commitment by senior leaders to 'getting things right.'